

## CHAPTER 7. MISHAP REPORTING AND INVESTIGATION

**700. GENERAL.** This chapter outlines FAA requirements based on OSHA regulation 29 CFR 1904. Region or Center Occupational Safety and Health (OSH) program offices must provide all reports referenced in this chapter to AHR, AFZ and AEE on request. The Safety Management Information System (SMIS) at <http://smis.faa.gov/> shall be used for reporting mishaps.

### 701. MISHAP INVESTIGATION.

**a.** A mishap includes an OSHA recordable occupational injury or illness (see paragraph 702, Reporting of Occupational Injuries or Illnesses) as well as an incident that results in no injury and is limited to property damage.

**b.** The immediate supervisor must consult with the Regional Occupational Safety and Health Manager (ROSHM) to ensure that an investigation is conducted for Class A, B and C mishaps. The immediate supervisor should also conduct mishap investigations for Class D motor vehicle accidents, fires, equipment and property damage. (See Figure 7-2, Line 17 of this chapter for Mishap Classes).

**c.** The purpose of mishap investigation is to reduce the potential for recurrence. All causal factors must be identified and fully explored. The extent of mishap investigation should reflect on the seriousness of the mishap. In any event, all OSHA recordable injuries and illnesses must be investigated according to OSHA regulations and FAA policy.

**d.** The immediate supervisor, or designee must investigate and provide a written report of the results using Figure 7-1, FAA Form 3900-6, FAA Mishap Report or its successor. The SMIS website at <http://smis.faa.gov/> must be used for mishap investigation by all supervisors who have web access. The SMIS will E-Mail the ROSHM in the location where the mishap occurs, and the ROSHM in the region where the person is assigned to aid in completing a thorough investigation. The ROSHM and line of business OSH point of contact will provide technical guidance in mishap reporting and investigation.

**e.** Form 3900-6 (or succeeding form) must be forwarded to the ROSHM or line of business OSH points of contact within seven working days. Electronic submission using <http://smis.faa.gov/> is highly preferred. Investigations of deaths must begin within 24 hours. Reports identifying potentially serious conditions should be investigated within 3 working days and within 7 working days for other than serious conditions.

### 702. REPORTING OF MISHAPS.

#### **a. Process.**

(1) Employees must promptly report mishap to immediate supervisor.

(2) Supervisors must complete reports as pointed out in paragraph 702b.

(3) Supervisors must determine the “mishap class” *for example*, A, B, C, D, N, and “incident type”; *for example*, injury, illness, property damage, motor vehicle damage, first aid, near miss. See Figure 2 FAA Mishap Form 3900-6 Definitions.

(4) SMIS enables the supervisor to use the secure FAA intranet to automatically maintain the OSHA Log 300 Log and OSHA 300A summary, and print it out as needed. The supervisor shall report injuries and illnesses when the mishap involves any of the following:

- (a) Death occurred in the performance of duty
- (b) An injury resulting in 1 or more days of lost time
- (c) Loss of consciousness
- (d) Restricted work activity
- (e) Transfer to another job or light duty

- (f) Medical treatment beyond first aid, or
- (g) An occupational illness

(5) OSH professionals and Office of Workers' Compensation Program (OWCP) Specialists shall insure that FAA form 3900-6 and /or CA-1 or CA-2 reports respectively are sufficiently complete to simplify hazard identification and trend analysis. SMIS provides automatic notification to OSH personnel when mishaps have been entered.

#### **b. Injury & Illness Reports.**

(1) After an employee notification of injury or illness supervisors will continue to follow OWCP procedures in 20 CFR 10.100 and complete the supervisory portion of either the CA-1 (for injuries) or CA-2 (for illnesses). The employee must give the completed form to the Regional/Center OWCP Specialist. Management is responsible for completing FAA Form 3900-6 on the web at: <http://smis.faa.gov> for all property damage, fires and motor vehicle mishaps and injury/illness mishaps. Supervisors who do not have access to the web may give a paper version of FAA Form 3900-6 (copied from this chapter) to the Regional or LOB OSH Professional, who will enter the data.

(2) If the employee wants to file Form CA-1 or CA-2, he/she must initiate it promptly and forward it to the supervisor for completion of the supervisory section and signature. Printable copies of the blank CA-1, CA-2, and CA-6 forms are available under the "Forms" tab in SMIS. The employee must give the completed form to the FAA Workers' Compensation Specialist. The form may be completed for all work-related injuries or illnesses regardless of whether the injury or illness results in actual or expected lost time, or medical expense. A copy should be given to the Regional or LOB OSH Professional.

(3) The investigation report should include details from local police, fire, and autopsy reports.

#### **c. Timelines.**

(1) Supervisors must ensure the Establishment/Facility Manager has the information necessary to complete the Log of Occupational Injuries and Illnesses within 6 days of receipt. This requirement is met automatically by completing Form 3900-6 in SMIS. If the employee wants to file form CA-1 or CA-2, he/she must forward it to the Regional OWCP Specialist who will then forward the forms to the Department of Labor within 10 working days of the supervisor's receipt of the form.

(2) Management is responsible for providing first notice to the OSHA area office of any death or the in-patient hospitalization of three or more employees involved in one incident within 8 hours after the incident. When a work place incident occurs during OSHA's off hours, the SSC or facility manager will contact OSHA's recording service at 1-800-321-OSHA. In addition, management must notify the ROSHM and Line of Business OSH professional as soon as possible. The ROSHM and OSH professional shall report the incident to AEE-200 and AFZ-800 within 24 hours. AEE is the liaison to OSHA and will formally report mishaps to OSHA. The report must relate the circumstances of the mishap, names of the individuals involved, any actions taken by the FAA, the number of deaths, or injuries and illnesses, and the extent of injury. AEE will provide the Office of Federal Agency Programs a summary report, as 29 CFR.1904 requires.

(3) DOT Order 3910.1C requires drug or alcohol testing immediately after the mishap occurs, if management suspects drug or alcohol use, especially in the case of motor vehicle accidents. The Internal Substance Abuse Program's "[Site Coordinators Handbook](http://www.faa.gov/avr/aam/isap/)" is available on the web at: <http://www.faa.gov/avr/aam/isap/>.

(4) Supervisors shall forward a copy of the lost time report to the OWCP regional coordinator for verification at the end of each calendar year.

**703. RECORDKEEPING.** Supervisors must enter injury/illness data on the OSHA 300 log within 6 days of the incident. The OSHA 300 Log must contain injury/illness data from the previous calendar year and be posted from February 1<sup>st</sup> through April 30<sup>th</sup> in a prominent place in the Establishment. SMIS is

designed to allow management to automatically update and maintain OSHA 300 Logs for their Establishments. The “Establishment” is determined by selecting the Location ID and Facility type within SMIS. These records must be maintained for a period of 5 years. SMIS also contains CA-1, CA-2 and CA-6 data from the WCIS database and makes it available to ROSHMS and designated LOB contacts to use in performance of their duties.

#### **704. FATAL AND CATASTROPHIC MISHAPS.**

**a.** Supervisors will report all deaths that occurred while an employee was performing work duties. The 3900-6 will be submitted in SMIS.

**b.** The supervisor sends the CA-6 form to the appropriate AHR office for processing by OWCP.

**c.** The AXX-400, AMP-1, or ACT-1 will appoint an investigation team for an on-duty death or for the hospitalization of three or more employees that occurs because a single mishap.

(1) The team will prepare a written report and forward it through the designated region or center LOB contact to AFZ-800 and AEE-200 within 15 days after completing the investigation.

(2) OSHA regulation 29 CFR 1960.70b and 29 CFR 1960.70c and paragraph 704c below describe the minimum procedures for the investigation team.

**d.** Investigation reports should include proper documentation, photographs, employee interviews, witness reports, measurements, and other relevant information. A checklist of items to be covered in the narrative report is shown as Figure 7-2, Checklist of Information to be Included in the Mishap Investigation Report.

**e.** Report copies will be provided to the Establishment (facility) Manager, the appropriate OSH committee, AXX-400, regional administrator, center director, and national headquarters. Distribution will be made in accordance with the region or center OSH program. If requested, the report must be available to the Secretary of Labor or a representative.

**705. MOTOR VEHICLE MISHAPS.** A motor vehicle accident is an occurrence involving a Federal Government-owned, leased, or rented vehicle, or privately owned vehicle while operated on official Federal Government business. This kind of mishap may result in death, injury or property damage of two thousand dollars (\$2000) or more. A vehicle operator or their supervisor must complete the following forms;

**a.** SF-91, Accident Investigation Data,

**b.** SF-94, Statement of Witness,

**c.** CA-6 form for all deaths (and forward through the appropriate AHR office to OWCP).

**706. OTHER MISHAPS.** The contracting officer’s technical representative (COTR) must assure contractors give a written report for all incidents involving property damage or OSHA recordable employee injuries to the Establishment or System Maintenance Office Manager, Office of Procurement and Property Management. The COTR shall provide a copy of the report to the ROSHM within 48 hours of the mishap. When visitor mishaps occur, the Establishment Manager and the Security Official will complete a report and forward it to the Program Services Section, AXX-400, within 2 working days of the incident. The ROSHM must have authority to conduct full and independent investigations of visitor mishaps.

**706-799. RESERVED.**

Figure 7-1. FAA Form 3900-6, FAA Mishap Report

FAA Mishap Report				FAA Form 3900-6 (October 2003)			
<b>I. Incident Description</b>							
Record Number	1. Incident Type <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Property Damage <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> First Aid <input type="checkbox"/> Near Miss <input type="checkbox"/> Other						
2. Incident Description							
3. Date of Incident (e.g. mm/dd/yyyy)	4. Day of Week	5. Time of Incident (e.g. hh:mm)	6. Shift	7. OSHA Recordable <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. CA-1 Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	9. CA-2 Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	10. Region of Incident	11. WCIS Case No.	12. Facility Type Other			
13. Location ID (of incident)	14. General Location of Incident		15. Specific Location of Incident				
16. On Premises <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Mishap Category	18. Date Management Notified of Incident (if different from date of incident)					
<b>II. Injury/Illness Information</b>							
19. Description of Injury/Illness							
20. Nature of Injury/Illness Codes				21. Anatomical Location of Injury/Illness			
22. Type of Injury/Illness Codes Other							
23. Source of Injury/Illness Codes Other							
24. Total Days Lost Begin Date      Ending Date      #      by							
25. Total Restricted/Job Transfer Days Begin Date      Ending Date      #      by							
26. Medical Treatment by Health Care Professional <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Fatality <input type="checkbox"/> Yes <input type="checkbox"/> No		28. Date of Death (e.g. mm/dd/yyyy)		29. CA-6 Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No	
30. Backfill Overtime (Estimated Dollar Cost of replacing worker)				31. Number of estimated hours or backfill overtime			
<b>III. Property/Vehicle Data</b>							
32. Description of Damage							
33. Types of Damage Codes Other						34. FAA Property Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	
35. Non-FAA Property Damage <input type="checkbox"/> Yes <input type="checkbox"/> No		36. Property Damage Cost		37. Vehicle Damage <input type="checkbox"/> Yes <input type="checkbox"/> No		38. Vehicle Damage Cost	
39. Vehicle Make		40. Vehicle Model		41. Vehicle License Number		42. State	
43. Vehicle Operator Name First      MI      Last				44. Vehicle Operator Job Series Number			

Figure 7-1. FAA Form 3900-6, FAA Mishap Report, contd.

IV. Personnel Data			
45. Employee Name First MI Last		46. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	47. Date of Birth (e.g. mm/dd/yyyy)
48. SSN (e.g. xxx-xx-xxxx)	49. Cost Center	50. Employee Routing Number (AEE-XXX)	51. Region
52. Line of Business/Staff Office Office		53. Job Series Number	54. Employee Category
55. Facility Type for OSHA 300 Other		56. Location ID for OSHA 300	
57. General Job Task		58. Specific Job Task	
59. Years of FAA Employment (Nearest Whole Number)	60. Years Employed in Occupation (Nearest Whole Number)	61. Name of Employee's First-Line Supervisor First MI Last	
62. Supervisor's Telephone Number (e.g. xxx-xxx-xxxx)		63. Supervisor or designee present at time of incident <input type="checkbox"/> Yes <input type="checkbox"/> No	
V. Investigation Data			
64. Investigation Performed <input type="checkbox"/> Yes <input type="checkbox"/> No		65. Investigation Report Number	66. Date Report Prepared (e.g. mm/dd/yyyy)
67. Name of Witness First MI Last		68. Witness Phone Number (e.g. xxx-xxx-xxxx)	
69. City/State/Zip		70. Name of Second Witness First MI Last	
71. Second Witness Phone Number (e.g. xxx-xxx-xxxx)		72. Second Witness City/State/Zip	
73. Investigation Result (Describe formal investigation results; include names of investigators)			
74. Recommendations (Summary of investigator's recommendations)			
75. Actions Taken to Prevent Recurrence (List actions taken and date completed)			
VI. Submitter Information			
76. Mishap Report Prepared By (If not by Supervisor) First MI Last			77. Job Series Number
78. Job Title	79. Routing Number (e.g. AEE-XXX)	80. Telephone Number (e.g. xxx-xxx-xxxx)	81. Date of Report (e.g. mm/dd/yyyy)

**Figure 7-2. FAA FORM 3900-6 DEFINITIONS TABLE**

<b>Block</b>	<b>Heading</b>	<b>Definitions</b>
1	Injury	Injuries result from mishaps that produce a wound or other adverse condition of the body caused by external force, including physical stress or strain. The damage to a person's body can result from exposure to a single hazardous event or incident, or series of events or incidents within a single day or work shift. An injury is OSHA-recordable if certain criteria are met. See definition in Block 7.
1	Illness	Illnesses result from: mishaps that cause physiological harm or loss of capacity produced by a systemic infection; OR exposure to toxins, poisons, fumes, etc.; OR a continued or repeated physical stress or strain; OR other continued and repeated exposures to conditions of the work environment, typically over a long period of time. Examples include: Musculoskeletal disorders (such as carpal tunnel syndrome), sensitivity to chemicals, and back strain if attributable to long term lifting. An illness is OSHA-recordable if certain criteria are met. See definition in Block 7.
1	Property Damage	<p>A property damage incident is one where one or more FAA-owned/leased, or GSA-controlled, facilities, systems, equipment, or other personal or real property has been damaged.</p> <p>Property damage is classified in Block 17 as Mishap Classes A, B, C, D, and N and may require that an investigation be performed. See the definitions for Blocks 17 and 58.</p> <p>If this block is checked, provide the requested information in Section III.</p>
1	Motor Vehicle	A motor vehicle incident where damage occurs to an FAA-owned/leased, or GSA-controlled, government motor vehicle, or to a privately owned vehicle (POV) used on official FAA business. Vehicles driven by FAA personnel under temporary duty (TDY) conditions are considered on-duty. For the purpose of mishap prevention, all FAA motor vehicle mishaps and near misses must be recorded on this form, regardless of damage dollar value.
1	First Aid	<p>A first aid incident means any one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, insect bites, and so forth, which do not ordinarily require medical care. Such treatment and observation are considered first aid even though provided by a physician or registered professional personnel. 29 CFR 1904.7(b)(5)(ii) provides the following list of all treatments considered first aid for recordkeeping purposes:</p> <ul style="list-style-type: none"> <li>• Using a non-prescription medication at non-prescription strength</li> <li>• Administering tetanus immunizations (but other immunizations such as Hepatitis B or rabies are considered medical treatment)</li> <li>• Cleaning, flushing, or soaking wounds on the surface of the skin</li> <li>• Using wound coverings such as bandages, gauze pads, butterfly bandages, steri-strips (but other wound closing devices such as sutures, staples, etc. are considered medical treatment)</li> <li>• Using hot or cold therapy</li> <li>• Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts (but devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment)</li> <li>• Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards)</li> <li>• Drilling of a fingernail or toenail to relieve pressure or draining fluid from a blister</li> <li>• Using eye patches</li> <li>• Removing foreign bodies from the eye using only irrigation or a cotton swab</li> </ul>

Block	Heading	Definitions
		<ul style="list-style-type: none"> <li>• Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means</li> <li>• Using finger guards</li> <li>• Using massages (but physical therapy or chiropractic treatment are considered medical treatment), or</li> <li>• Drinking fluids for relief of heat stress</li> </ul>
1	Near Miss	A near miss incident occurs when a person was able to avoid injury and/or illness, and when no property damage occurs. A near miss is not OSHA-recordable, but documentation of near misses is important for developing mishap prevention strategies.
1	Other	Other incidents include: chemical spills, fires, violent acts, damage due to acts of nature, etc.
2	Incident Description	Thoroughly describe the incident answering the basic questions of who did what, when, where, how, and why.
7	OSHA Recordable	<p>Mishaps are OSHA-recordable if they involve any of the following and are work-related:</p> <ul style="list-style-type: none"> <li>• Death</li> <li>• Days away from work</li> <li>• Restricted work or transfer to another job</li> <li>• Medical treatment beyond first aid</li> <li>• Loss of consciousness</li> <li>• A significant injury or illness diagnosed by a physician or other licensed health care professional</li> </ul> <p>Ref: 29 CFR 1904 Subpart C – Recordkeeping Forms and Recording Criteria.</p>
11	WCIS Case Number	A Workers' Compensation Information System (WCIS) case number is assigned by the workers' compensation system when a CA-1, CA-2, or CA-6 is filed. The workers' compensation specialists in the regional Human Resource Management Divisions use WCIS for processing and tracking purposes. The number can be obtained from Human Resources, or through a search of the WCIS data feed in SMIS.
13	Location ID	A Location Identifier stands for the name and the location of an airport, navigation aid, weather station, and manned air traffic control facility in air traffic control, telecommunications, computer programming, weather reports, and related services (FAA Order 7350.7G, Location Identifiers). This form will use the 3-letter Location Identifiers listed in Section 6, Assignments Listing. For example, ZAN is listed as the 3-code identifier for the Anchorage, AK ARTCC. The identifiers can be viewed by clicking "Location ID Table" in the Support link near the top right side of each SMIS page.
14	General Location of Incident	A General Location is a broad description of where the incident occurred. For example, 53325 Airport Road, El Segundo, California.
15	Specific Location of Incident	A Specific Location is a detailed description of where the incident occurred. For example, Room 223 on the second floor, near the auxiliary backup generator.
16	On Premises	Refers to mishaps that occur at FAA-owned or leased property, or GSA-controlled property, and includes the primary work facility and other areas, such as storage facilities, cafeterias, and restrooms.
17	Mishap Category	<p>Mishaps shall be categorized for purposes of trend analysis into one of the following classes, based on degree of severity (Category A is most severe). Select only one category. If more than one category applies, then select the category with greater severity. A mishap categorized as any of Class A through D must be investigated (Section V – see definition for Block 58).</p> <ul style="list-style-type: none"> <li>• Class A Mishap <ul style="list-style-type: none"> <li>○ Recordable damage of \$1M or more</li> </ul> </li> </ul>

Block	Heading	Definitions
		<ul style="list-style-type: none"> <li>○ A fatality or permanent total disability</li> <li>• Class B Mishap               <ul style="list-style-type: none"> <li>○ Recordable damage of \$200K or more but less than \$1M</li> <li>○ A permanent partial disability</li> <li>○ Inpatient hospitalization of 3 or more personnel</li> </ul> </li> <li>• Class C Mishap               <ul style="list-style-type: none"> <li>○ Recordable damage between \$10K and \$200K</li> <li>○ An injury resulting in a lost workday case involving 8 hours or more away from work beyond the day or shift on which it occurred; or occupational illness that causes loss of time from work at any time.</li> </ul> </li> <li>• Class D Mishap               <ul style="list-style-type: none"> <li>○ Total cost of \$2K or more for property damage but less than \$10K. Property damage includes all government equipment and vehicles.</li> <li>○ A nonfatal injury that does not meet the definition of a Class C Mishap, and results in less than 8 hours of lost time. These include: loss of consciousness, permanent change of job due to injury/illness, or medical treatment beyond first aid. Examples: Individual loses consciousness from heat stress while working in high temperature environment; or individual is injured, goes to personal physician on same day of injury and returns to duty the next day.</li> </ul> </li> <li>• Class N Mishap               <ul style="list-style-type: none"> <li>○ Total cost of \$1 or more for property damage but less than \$2K.</li> <li>○ Any other injury that does not meet the above class criteria. These should be reported for trend analysis. Example: First Aid treatments; near misses.</li> </ul> </li> </ul>
19	Description of Injury/ Illness	Describe the injury or illness, describing clearly and concisely the nature and cause of injury that might not be captured fully by the codes in blocks 19-22. Please include contributing factors that led to the injury or illness, such as fatigue, insufficient training, lack of personal protective equipment, faulty equipment, prescription drugs, etc. This information will be helpful if an investigation is performed (Section V).
20	Nature of injury/Illness Codes	Nature of injury or illness names the principal physical characteristic of a disabling condition, such as sprain/strain, cut/laceration, or carpal tunnel syndrome. Useful resources for information on the listed conditions include the Bureau of Labor Statistics' (BLS) Occupational Injury and Illness Classification Manual at <a href="http://www.bls.gov/iif/oshwc/oiicm1.pdf">http://www.bls.gov/iif/oshwc/oiicm1.pdf</a> , and BLS' new Injuries, Illnesses, and Fatalities (IIF) program at <a href="http://www.bls.gov/iif/">http://www.bls.gov/iif/</a> .
21	Part of Body Affected	Also known as "Part of Body Affected," this is directly linked to the nature of injury or illness cited, for example, back sprain, finger cut, or wrist and carpal tunnel syndrome.
22 23	Type of Injury/Illness Codes	Both Type and Source Codes are used to describe what caused the injury or illness. The Type Code stands for an action and the Source Code stands for an object or substance. If there are two different sources, please use the code for the initiating source of the incident. For example, if an employee tripped on the carpet and struck his head on a desk, use Type: 210 (Fell on same level) and Source: 0110 (walking/working surface). This example would not be coded Type: 120 (struck against) and Source: 0140 (furniture). If in doubt about the codes to use, please contact your Regional Safety and Health Manager or organizational OSH point of contact. If you do not find a suitable



Block	Heading	Definitions
		code, select “Other – Specify” at the bottom of the list. You must then fill in the adjacent box before you can move forward through the form.  Adapted from: Recordkeeping and Reporting Guidelines for Federal Agencies (OSHA 2014 – 1986)
24	Total Days Lost	Enter the calendar dates for the estimated/verified days lost or the estimated/verified total number of days lost. Do not include date of the mishap. (Alternatively, you can enter the total number of days in the totals box.) To enter the dates, begin with the first full day lost subsequent to the date of the mishap. The ending date should be the first full day the employee returns to work. This will provide an accurate automated calculation of the total days lost. For example, an employee was injured at noon on 1/2/03 and went home for the remainder of the day, returning to work on 1/15/03. You would select 1/3/03 as the first lost work day and 1/15/03 as the first day back at work. SMIS will correctly calculate 12 as the total days lost, including the weekends, in accordance with OSHA Part 1904, Recordkeeping. Please select whether the days provided are “estimated” or “verified.” Then select the person providing the data. This would be the regional occupational safety and health manager (ROSHM), the safety and environmental compliance manager (SECM), or the supervisor. This information can be updated through the Modify Mishap feature.
25	Total Restricted/ Job Transfer Days	Enter the calendar dates for the estimated/verified period that an employee will perform or has performed restricted work; or will be transferred or was transferred temporarily to another job. (Alternatively, you can enter the total number of days in the totals box.) To enter the dates, begin with the first full day of restricted or transferred activity. The ending date should be the first full day the employee returns to work. This will provide an accurate automated calculation of the total days lost. For example, an employee was injured at noon on 1/2/03 and went home for the remainder of the day, returning to work on 1/15/03. Restricted activity began on 1/15/03 and you estimate the employee will return to regular duty on 1/23/03. You would select 1/15/03 as the first full day of restricted activity and 1/23/03 as the first day back on regular duty. SMIS will correctly calculate 7 as the total restricted days, including the weekend, in accordance with OSHA Part 1904, Recordkeeping. Please select whether the days provided are “estimated” or “verified.” Then select the person providing the data. This would be the regional occupational safety and health manager (ROSHM), the safety and environmental compliance manager (SECM), or the supervisor. This information can be updated through the Modify Mishap feature.
26	Medical Treatment by Licensed Health Care Professional	This block should be checked “yes” if treatment of the injury or illness was administered by a licensed health care professional, such as a physician, Registered Nurse (RN), or a Physician’s Assistant (PA). OSHA’s Part 1904 states that medical treatment does <u>not</u> include: <ul style="list-style-type: none"> <li>• Visits to a physician or other licensed health care professional solely for observation or counseling;</li> <li>• The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils);</li> <li>• or First Aid, even if provided by a licensed health care provider. (See the definition for First Aid in block 1).</li> </ul>
27	Fatality	The fatality box should be checked “yes” if the incident is work-related and: <ul style="list-style-type: none"> <li>• a legal death certificate has been issued by a licensed and authorized medical authority who has determined that the employee is deceased, or</li> </ul>

Block	Heading	Definitions
		<ul style="list-style-type: none"> <li>a CA-6 has been submitted</li> </ul>
32	Description of Damage	Describe the damage, describing clearly and concisely contributing factors that led to the damage, such as fatigue, insufficient training, faulty equipment, etc. Where possible, include in the narrative descriptors for when, what, why, how, and who. This information will be helpful if an investigation is performed (Section V).
33	Types of Damage Codes	Select the best code that describes the major source/cause of the damage. For example, an auto accident using a government vehicle in icy conditions may be best classified as "Environmental Conditions". The selection should not identify what was damaged, but what caused the damage.
49	Cost Center	Enter the employee's cost center code. Cost center codes are used in all financial, personnel, payroll, and other management data systems for the purpose of identification of organizations. FAA Order 1375.7G is the source of these codes. The codes may be viewed by clicking "Cost Center Table" in the Support link on the right side of the SMIS Information page.
56	Location Identifier for OSHA 300	A Location Identifier stands for the name and the location of an airport, navigation aid, weather station, and manned air traffic control facility in air traffic control, telecommunications, computer programming, weather reports, and related services (FAA Order 7350.7G, Location Identifiers). This form will use the 3-letter Location Identifiers listed in Section 6, Assignments Listing. For example, ZAN is listed as the 3-code identifier for the Anchorage, AK ARTCC. See #13 above.
57	General Job Task	The general job task is a broad description of what the individual has been assigned to do, such as radar system calibration.
58	Specific Job Task	The specific job task is a narrow description of what the individual was doing at the time of the mishap, such as discharging a capacitor on a circuit board.
64	Investigation Performed	Completion of an investigation by technically qualified safety personnel (TQSP) is required for the mishaps categorized in Block 17 as Class A or Class B. A supervisor may initiate an investigation for Classes C, D, and N. Depending on the severity, additional investigation will be performed by the TQSP, such as a Regional Occupational Safety and Health Manager or his/her qualified designee, and/or the LOB OSH POC (if qualified), in accordance with Chapter 7 of Order 3900.19B. An investigation will provide valuable information that will help to identify future mishap prevention strategies. Further information about the investigation process is in Chapter 7 of Order 3900.19B. "Technically qualified safety personnel" is defined in paragraph 11h in Order 3900.19B. The categories of mishaps are defined in Block 17.
73	Investigation result	All investigation results shall include a chronological summary of the findings of fact, and a listing of all the causes and conclusions. Consideration should also include any relevant equipment involved, weather conditions, and what protective equipment was used. Also include whether alcohol or drugs were involved, and the number of personnel exposed. Finally, note if appropriate training and PPE was provided, list any pictorial exhibits, and provide any additional descriptive information that was not previously captured in other blocks of the 3900-6 form.

**Figure 7-3 . CHECKLIST OF INFORMATION TO BE RESEARCHED AS PART OF THE  
MISHAP INVESTIGATION**

When preparing an investigation of the mishap/incident, the following should be collected and evaluated

- \_\_\_\_\_ Region, Organizational Routing Symbol
- \_\_\_\_\_ Unit Name
- \_\_\_\_\_ Location of Mishap/Incident
- \_\_\_\_\_ Date and Time of Mishap/Incident
- \_\_\_\_\_ Name of Individual(s) Involved in Mishap/Incident
- \_\_\_\_\_ SSN, Age, Sex
- \_\_\_\_\_ Grade and Job Title
- \_\_\_\_\_ Task assigned during incident (if applicable)
- \_\_\_\_\_ Total experience in the field
- \_\_\_\_\_ Experience in this area
- \_\_\_\_\_ Nature of Injury/Illness
- \_\_\_\_\_ Part of body affected
- \_\_\_\_\_ Severity
- \_\_\_\_\_ Narrative of events, including cause. Also include or consider:
  - \_\_\_\_\_ Facility Type
  - \_\_\_\_\_ Equipment Involved
  - \_\_\_\_\_ Contaminants (if applicable)
  - \_\_\_\_\_ Weather (if applicable)
  - \_\_\_\_\_ Phase of Operation
  - \_\_\_\_\_ Seat belt used? (If applicable)
  - \_\_\_\_\_ Was personal protective equipment used? (if applicable)
  - \_\_\_\_\_ Was fatigue a factor?
  - \_\_\_\_\_ Were drugs or alcohol involved?
- \_\_\_\_\_ Any other human behavior factors involved?
- \_\_\_\_\_ Number of personnel exposed (if applicable)
  - \_\_\_\_\_ Did injured party attend safety training? If so, when?
  - \_\_\_\_\_ Name of individual operating equipment/vehicle other than injured party
  - \_\_\_\_\_ Operator's total experience
  - \_\_\_\_\_ Operator's total experience with type of equipment/vehicle
  - \_\_\_\_\_ Actual Days Off
  - \_\_\_\_\_ Actual Days Restricted
  - \_\_\_\_\_ Were Forms CA-1, CA-2, and CA-6 completed and processed?
  - \_\_\_\_\_ Personnel costs
  - \_\_\_\_\_ Government property involved (ID/serial number) and estimated damages
  - \_\_\_\_\_ Additional property involved (ID/serial number) and estimated damages
  - \_\_\_\_\_ Liability Claimed
  - \_\_\_\_\_ Operational days lost
  - \_\_\_\_\_ Corrective Action Taken or Planned
  - \_\_\_\_\_ Name and Title of individual preparing the report
  - \_\_\_\_\_ Report Date
  - \_\_\_\_\_ Photographs
  - \_\_\_\_\_ Measurements
  - \_\_\_\_\_ Interviews of witnesses, and/or employees
  - \_\_\_\_\_ Accident/Illness occurs on overtime